

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	PS	66621	8/16
<b>C.I.P.E. CLASSIFIER</b>			5/18/99
<b>FORMALITY REVIEW</b>	S.S.	69134	8-26-99

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here